

## Department of Fire Services

## BOARD OF FIRE PREVENTION REGULATIONS

Permit No.			9500	
Occupancy	and Fee Checked			
Rev. 1/07]	(leave blank)	-	_	

## APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK All work to be performed in accordance with the Massachusetts Electrical Code (MEC) 527 CMP 13 (10)

No. of Luminaire Outlets  No. of Hot Tubs  Swimming Pool Above grnd. Ingrnd. Incompany Lighting Battery Units  No. of Receptacle Outlets  No. of Oil Burners  No. of Gas Burners  No. of Switches  No. of Gas Burners  No. of Air Cond. Total Tons  No. of Alerting Devices  No. of Waste Disposers  No. of Waste Disposers  No. of Dishwashers  No. of Dishwashers  No. of Dryers  No. of Water Heating Appliances  No. of No. of Signs  No. of Detection and Initiating Devices  No. of Self-Contained Detection/Alerting Devices  Space/Area Heating KW  No. of Detection/Alerting Devices  Security Systems:  No. of Devices or Equivalen  Data Wiring:  No. of Devices or Equivalen  No. of Devices or Equivalen	(PLEASE PRINT IN INK C City or Town of	A I II E ALL INFURM	1110IV)	Date:
Owner or Tenant Owner's Address  Is this permit in conjunction with a building permit? Yes No (Check Appropriate F Purpose of Building Utility Authorization No.  Existing Service Amps / Volts Overhead Undgrd No. of Meters  New Service Amps / Volts Overhead Undgrd No. of Meters  Number of Feeders and Ampacity  Location and Nature of Proposed Electrical Work:    Completion of the following table may be waived by the Inspection of the following table may be waived by the Inspection of Luminaire Outlets No. of Hot Tubs Generators KV.  No. of Luminaire Outlets No. of Hot Tubs Generators KV.  No. of Luminaires Swimming Pool Above Information Battery Units  No. of Receptacle Outlets No. of Oil Burners FIRE ALARMS No. of Zon  No. of Switches No. of Gas Burners No. of Alerting Devices  No. of Waste Disposers Heat Pump Number Tons KW No. of Alerting Devices  No. of Dishwashers Space/Area Heating KW Local Municipal Devices  No. of Dishwashers KW No. of Mater No. of Pata Wiring Security Systems: No. of Water No. of Pata Wirings  No. of Data Wirings  No. of Data Wirings  No. of Data Wirings	By this application the unders	gned gives notice of his or	her intention to pe	arform the electrical visites:
Owner's Address  Is this permit in conjunction with a building permit? Yes No Check Appropriate Furpose of Building Utility Authorization No.  Existing Service Amps / Volts Overhead Undgrd No. of Meters New Service Amps / Volts Overhead Undgrd No. of Meters Number of Feeders and Ampacity  Location and Nature of Proposed Electrical Work:    Completion of the following table may be waived by the Inspection of Luminaires No. of Ceil-Susp. (Paddle) Fans No. of Transformers KV.  No. of Luminaire Outlets No. of Hot Tubs Generators KV.  No. of Luminaires Swimming Pool Above Ingrad. Receptacle Outlets No. of Oil Burners FIRE ALARMS No. of Zon No. of Switches No. of Air Cond. Total Tons No. of Alerting Devices No. of Waste Disposers Heat Pump Number Tons KW.  No. of Dishwashers Space/Area Heating KW Local Municipal Connection Other Heaters KW.  No. of Data Wilson.	(parent of limmori)	till and the state of the state		and blood load work described bel
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Inspections to be requested in accordance with MEC Rule 10, and upon completion surance provides proof of liability insurance including "completed operation" coverage or its substantial equivalent.				
Inspections to be requested in accordance with MEC Rule 10, and upon completion URANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue discusse provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. CCK ONE: INSURANCE ROND COTHER FOR COMMENT OF THE PROPERTY OF T	M NAME:	oj perjury, inai ine info	rmation on this ap	
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Inspections to be requested in accordance with MEC Rule 10, and upon completion SURANCE COVERAGE: Unless waived-by-the-owner, no permit for the performance of electrical work may issue discussee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent, exigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office. ECK ONE: INSURANCE BOND OTHER (Specify:)  tify, under the pains and penalties of perjury, that the information on this application is true and complete.  MNAME:  Signature	olicable, enter "exempt" in the license	number line.)	•	LIC. NO.:
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Inspections to be requested in accordance with MEC Rule 10, and upon completion SURANCE COVERAGE: Unless waived-by-the-owner, no permit for the performance of electrical work may issue discensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. SCK ONE: INSURANCE BOND OTHER (Specify:)  Tify, under the pains and penalties of perjury, that the information on this application is true and complete. MAME:  Signature  LIC. NO.:  Discable, enter "exempt" in the license mumber line.)  Bus. Tel. No.:  Alt. Tel. No.:  M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: Lic. No.:  LIC. NO.	ed by law. By my signature below	, I hereby waive this requi	irement I am the	(check one)
Inspections to be requested in accordance with MEC Rule 10, and upon completion SURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue ersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office. ECK ONE: INSURANCE BOND OTHER (Specify:)  Inspections to be requested in accordance with MEC Rule 10, and upon completion of SURANCE work may issue ersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office. ECK ONE: INSURANCE BOND OTHER (Specify:)  Inspections to be requested in accordance with MEC Rule 10, and upon completion with may issue ersigned certifies work may issue exhibited proof of same to the permit issuing office.  ECK ONE: INSURANCE I BOND OTHER (Specify:)  ILIC. NO.:  Bus. Tel. No.:  Alt. Tel. No.:  M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: Lic. No.  IER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normal red by law. By my signature below, I hereby waive this requirement. Low the (sheet).	r/Agent			(check one) owner owner's agen

Contact/Electrician:	Phone:(		
(if differ	rent from reverse side) everse side)	¥	
SERVICE INSPECTION:			
	N 10	Pass	Fail
	Date/Time:		
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Inspected by:	Reinspection Date/Time:		
Date/Time called National Grid	d to release SRE#:		
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	Reinspection Date/Time:	rmar.	
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Contact Person:

## Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, MA 02111

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers Applicant Information Please Print Legibly Name (Business/Organization/Individual): Address:\_\_\_\_ City/State/Zip: Phone #: Are you an employer? Check the appropriate box: Type of project (required): 1. I am a employer with \_\_\_\_ employees (full and/or part-time).\* 4. I am a general contractor and I 6. New construction have hired the sub-contractors 2. I am a sole proprietor or partnerlisted on the attached sheet. 7. Remodeling These sub-contractors have ship and have no employees 8. Demolition working for me in any capacity. employees and have workers' 9. Building addition [No workers' comp. insurance comp. insurance.‡ 10. Electrical repairs or additions 5. We are a corporation and its required.] 3. I am a homeowner doing all work officers have exercised their 11. Plumbing repairs or additions myself. [No workers' comp. right of exemption per MGL 12. Roof repairs insurance required.] † c. 152, §1(4), and we have no 13. Other employees. [No workers' comp. insurance required.] \*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information. Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such. Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number. I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information. Insurance Company Name:\_\_\_\_\_ Policy # or Self-ins. Lic. #:\_\_\_\_\_ Expiration Date:\_\_\_\_ Job Site Address:\_\_\_ \_\_\_\_\_City/State/Zip:\_\_\_\_ Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification. I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct. Signature: Date: Phone #: Official use only. Do not write in this area, to be completed by city or town official. City or Town: \_\_\_\_\_ Permit/License #\_\_\_\_ Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other